State of California, Department of Corrections–Institution: SCC   Prior Page Number: ________

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.
3/2/06	Psych C
11	too much stimulation pm (w)
	wants not to go d/g/n
	referred to CCM (IDTT) for review
	nondigr / nonpsych; no other ssc
	not S/H
	A/P n/c
	CBP
	optimize
	RTC pre 3 months
	[signature]
	4-27-06 1500 IDT
	? metabolic syndrome
	[signature]

Page #: ________

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: J72327 CDC#_ _ _ _ _ _ _ DOB__/__/__

VOS 20399

State of California, Department of Corrections–Institution:__________ Prior Page Number:__________

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Use Name & Title Stamp.

Date/Time:	
1/12/06	Psych C → T
12:05	Feel much better
	broad affect, nondepr., nonpsych.
	nosse; not S/H/G-I; GAF
	A/p n/c
	CBB
	RTC prn 3 months
	[signature]

Page #:__________

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: V12323 CDC#_ _ _ _ _ _ _ DOB__/__/__

#7

State of California, Department of Corrections–Institution: SCC Prior Page Number:________

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time: Use Name & Title Stamp.

6-28-06 10 AM ō S/I ō Hx S/A

N.B.: death in fam 3/06 – really bad to be in prison – ↑ irritable, ↓ sleep, ↓ ambition

Ⓢ OK, poor sleep / wgt stable @ 290 lb

Ⓞ OK – ? short (e-4 polite), idon

Ⓐ 1° = depression

Ⓟ Add Benadryl 25mg
Add Remeron 15mg
Cont Seroquel 600mg

pt. agrees

[signature]

Page #________

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: First Name: MI: CUNNINGHAM, JAMES V72323 02/16/58 CDC#__ __ __ __ __ __ DOB__/__/__

State of California, Department of Corrections -- Institution: SCC

Prior Page Number : __ __

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	CM 30 D F/U — Use Name & Title Stamp.
7/13/06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE
@ 1140 am	Appearance Cane - knee ☒ WNL
	Behavior TALKATIVE ☒ WNL
	Mood low in AM's. ☒ WNL
	Sleep corrected c̄ Rx ☒ WNL
	Appetite good ☒ WNL
	Affect cooperative, labile ☒ WNL
	Suicidality occ S/I, Ø Attempts ☒ None noted or stated Ø Hx
	Hallucinations Ø ☒ None
	Delusions Ø ☐ None (Fatigue would like Wellbutrin 600!)
	Medications Benadryl, Seroquel 600, Remeron 15mg ☒ Helpful Nice combo,
	Referral to psychiatrist needed ☒ refer to MD →
	Progress of identified problems/needs/issues (see MH2)
	COMMENTS:
	- Hurt himself: ~~knee~~ chair fell apart. No X-ray.
	- missing family & phone calls. Recovery M-SAT. Church SW, Helps!
	- ~~Strug~~ struggles c̄ fatigue & motivation.
	- WAITING for group - "self ?" 26th
	- Ø take institutional issues personally.
	R Patt, PhD.
	7-20-06 0940 c̄ s/z
	OK, but wants wellbut.

OK, strong and (wellbut.)

Page # ____

[signature]

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE (CCCMS) EOP Outpatient	Last Name: First Name: MI: Cunningham, James CDC # V-72323 DOB 2/16/58

SIERRA CONSERVATION CENTER
INTERDISCIPLINARY TREATMENT TEAM REVIEW

DATE 7/20/06

Members present

(X) Moore PhD, Staff Psychologist
(X) Otto, PhD, Senior Psychologist
( ) Allen, PhD, Staff Psychologist
( ) Backlund, PhD, Staff Psychologist
( ) Sanchez, LCSW
(X) Parks PhD, Staff Psychologist
( ) Lancaster, PhD, Staff Psychologist
( ) Savage, PhD, Staff Psychologist
( ) Halliburton, PhD, Staff Psychologist
( ) Palmer, MD, Staff Psychiatrist
(X) Lemp, MD, Psychiatrist
(X) CCI Lopez
( ) Inmate attended

Reason for Review

( ) Initial Review
( ) Treatment Plan Review
(X) Annual Review
( ) Program Review
( ) Program Removal
( ) Case Review
( ) AD SEG Placement
( ) Other
( )

Date of AD SEG Placement ________ Initial ICC Date ________ Next ICC Date ________
Reason for Placement

Current AD SEG Disp

Pertinent Case Factors Discussed (X) Treatment Plan Reviewed and Signed

Team Input/Recommendations (X) Not Applicable

Action Plan (X) See Treatment Plan
Other

Cont. C̄ LOC

( ) Appropriate Chrono Completed Next Review Date ( ) 7/20/07

Clinical Case Manager INMATE Cunningham, J.

Signature Y. Moore, PhD NUMBER V72323

IDTT#1

State of California, Department of Corrections–Institution: SCC   Prior Page Number: ______

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES   All Staff, Clinicians, Treatment Teams

Date/Time	[EPRD 2014] Use Name & Title Stamp
10/12/06	Ψ Note - 90 Day CM F/U "hope next yr - I've got an appeal"
S:	"I'm good - the medications fine. It helps c̄ day to day coping c̄ the penitentiary system you know officers give you a bad x. I'm in Bldg 5 - I go to Cel Recovery, Visiting, Medical - I get around - I'm working a good program. I go to computer class - @ August I had a break down - I felt my recovery wasn't working, everyone was out to get me. I've only been really working Recovery/faith ~ 9 mths."
O:	IM is a 52 D, h/o "AA" fa(30 → 6 y.o.) → 7 children. "The boys are all grown, my mother is kinda in charge my ex kinda resented that, but I felt it was best for the girls". MSE: Fully WNL's Ø DTS, Ø hx SAs; Ø DTO's currently. IM freely admits to violent hx, but reports extensive, sincere efforts toward Δ. Ø tic sxs, Ø acute sxs of mood DO. IM med compliant c̄ Ψ (OS E)
A	Very personable, engaging, forthcoming, seemingly sincere. IM striving for self-improvement & Δ.
	Ax: Dxs axis I: Dep DO NOS & E004 Dep - Inst Remission
	axis II: V71.01 antiSoc adult behavior / V71.02 " " " child (hx gang involvement)
	GAF = 70
P:	Cont Ψ advocacy as sched.
	Cont Clin Case Mgt F/U ≤ 90 days s/or IM request.

Page # ______

G. Moore, PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE C3 Inpatient (Outpatient)	Last Name: First Name: MI Cunningham, James CDC# V72323 DOB 2/16/58

VOS 20399

Please FILE

State of California Department of Corrections & Rehabilitation
Sierra Conservation Center Progress Note

Date: 10/16/2006 **Time:** 1500 Face to face interview ☑Yes/☐No **EPRD:** 2014

SUBJECTIVE: Patient ID: 48 y/o ☑Single/☐Married/☐Common Law/☐Divorced; Children: 6

HPI & Complaints: [source of information is the patient]

Pt feels he needs more energy in the afternoon
He feels a little depressive [illegible]

Drug History: Alcohol Abuse: ☐Yes/☐No; D.O.C.: ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP

Allergies ☐ NKDA; **Seizure d/o:** ☐Yes/☑No

Current Psych Medications: ☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☐Remeron/☑Seroquel/☐Trazodone/☐Wellbutrin/☐Zoloft/☐Zyprexa Wellbutrin

Side Effects: ☐ Yes ☐ No

Suicide History: ☐ Denies h/o any past suicide attempt;

OBJECTIVE Mental Status Exam

Appearance	☑ Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ______
Behavior	☑ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑ Normal ☐ Poor
Speech	☑ Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑ Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑ Full range ☐ Constricted ☐ Blunted ☐ Flat
	☑ Mood congruent ☐ Mood Incongruent
Thought Processes	☑ Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A
Thought Perception	☑ No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑ No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑ Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑ Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight	☑ Good ☐ Limited ☐ Poor
Judgment	☑ Good ☐ Limited ☐ Poor

LAB RESULTS:

ASSESSMENT

Axis I Depressive d/o NOS

Axis II ☐ **Deferred**

Axis III

Axis IV **Incarceration** Yrs. 2 Mos. ☐ Uncertain about date of parole

Axis V Current GAF = 50

PLAN ☐ **Labs Ordered** **RTC:**

☐ Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications

Rationale for revision / continuing:

↑ Wellbutrin to 100 q Noon + 150 q AM

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☑ Patient educated about the nature of his mental illness, risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality

☐ sleep hygiene ☑ compliance ☑ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file

Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	**LEVEL OF CARE:** ☐ Inpatient ☑ Outpatient	Name: Cunningham, James DOB: 2/16/58 CDC # V72323 Date: 10-16-06

State of Ca[illegible]nia Department of Corrections & [illegible]itation
Sierra Conservation Center Progress Note

Date: 10 / 22 / 2006 Time: 1400 EPRD: 1 1/4 Controlling Case:
S: Patient ID: 48 y/o ☐Single/☐Married/☐Common Law/☐Divorced, Children: 7 children
HPI & Complaints: [source of information is the patient]
Sleep Problem ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares
Appetite ☑Normal/☐Increased/☐Decreased, Energy Level ☐Normal/☐Increased/☐Decreased
Mood ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☐Hopeless/☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts//☐Difficulty controlling anger
Stressors: I/M reported that he has been accused of not taking his medication when he was reluctant to open his mouth to be checked. He feels it is demeaning.
Drug History: Alcohol Abuse ☐Yes/☐No, D.O.C. ☐Cocaine/☐Heroin/☐Marijuana/☑Methamphetamine ☐PCP
Allergies ☐ NKDA; Seizure d/o: ☐Yes/☐No
Current Psych Medications: ☐None/☐Abilify/☑Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☑Remeron/☐Risperdal/☐Seroquel/☐Trazodone/ ☐Tenex/☐Vistaril ☑Wellbutrin/☐Zoloft/☐Zyprexa
Side Effects: ☐ Yes ☑ No
Suicide History: ☐ Denies h/o any past suicide attempt

O: Mental Status Exam

Appearance	☑ Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ______
Behavior	☑ Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑ Normal ☐ Poor
Speech	☑ Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑ Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑ Full range ☐ Constricted ☐ Blunted ☐ Flat ☑ Mood congruent ☐ Mood Incongruent
Thought Processes	☑ Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A.
Thought Perception	☑ No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑ No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑ Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑ Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight	☑ Good ☐ Limited ☐ Poor
Judgment	☑ Good ☐ Limited ☐ Poor

LAB RESULTS:

ASSESSMENT
Axis I Depression NOS
Axis II ☑ Deferred
Axis III
Axis IV Incarceration Yrs. Mos. ☐ Uncertain about date of parole
Axis V Current GAF = 55
PLAN ☐ Labs Ordered RTC: 11-21-06
☑ Continue current psych med regimen ☐ Revise current psych med regimen
☐ Patient noted to show improvement and progress on current medications. Rationale for revision / continuing
I/M instructed he has to submit to mouth checks to receive medication

PATIENT EDUCATION
☐ Medication Informed Consent Obtained
☐ Patient educated about the nature of his mental illness, risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.
☑ sleep hygiene ☑ compliance ☑ relapse prevention
☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file

Print Name: MICHAEL W. MADDOX, M.D. Signature: Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: Cunningham, James DOB: 2/6/58 CDC #: V72323 Date: 10/22/06

PSYCHIATRY

State of Ca[...]nia Department of Corrections & [...]abilitation
Sierra Conservation Center Progress Note

Date 11 / 6 / 2006 **Time** 1330 **EPRD:** / 1/4 **Controlling Case:**

S: Patient ID: 48 y/o ☐Single/☐Married/☐Common Law/☐Divorced; Children:

HPI & Complaints: [source of information is the patient]

Sleep Problem: ☑None/☐Getting to sleep/☐Staying asleep/☐Early wakening/☐Nightmares

Appetite: ☑Normal/☐Increased/☐Decreased; Energy Level: ☐Normal/☐Increased/☐Decreased

Mood: ☑normal ups and downs/☐Increased anxiety/☐Frequent changes from too euphoric to too depressed/☑Hopeless/ ☐Helpless ☐Feelings of worthlessness/☐Preoccupation with death/☐Passive S/I/☐Active S/I/☐ Suicide Plan/☐Tearful/☐Worries about health/☐Poor concentration/☐Racing thoughts//☐Difficulty controlling anger

Stressors: I/M reported he is taking his meds + they working for him

Drug History: Alcohol Abuse ☐Yes/☐No; D.O.C. ☐Cocaine/☐Heroin/☐Marijuana/☐Methamphetamine ☐PCP

Allergies ☐ NKDA; **Seizure d/o:** ☐Yes/☐No

Current Psych Medications: ☐None/☐Abilify/☐Benadryl/☐Celexa/☐Depakote/☐Effexor XR/ ☐Elavil/ ☐Geodon/☐Lexapro /☐Lithium /☐Prozac ☑Remeron/☐Risperdal/☐Seroquel/☐Trazodone/ ☐Tenex/☐Vistaril ☐Wellbutrin/☐Zoloft/☐Zyprexa

Side Effects: ☐ Yes ☐ No

Suicide History: ☐ Denies h/o any past suicide attempt

O: Mental Status Exam

Appearance	☑Average, well formed physically ☐ Obese ☐ Poorly groomed ☐ Facial tattoo, Piercing ______
Behavior	☑Cooperative ☐ Appropriately friendly ☐ reserved ☐ Avoidant
Eye Contact	☑Normal ☐ Poor
Speech	☑Normal rate, volume, latency, and tone ☐ Rapid, pressured speech ☐ Slow ☐ increased paucity
Motor	☑Without Involuntary movements ☐ PMA ☐ PMR ☐ tremor **AIMS SCORE**
Mood today is	☑ Euthymic ☐ Dysphoric ☐ Dysthymic ☐ Euphoric
Affect	☑Full range ☐ Constricted ☐ Blunted ☐ Flat ☑Mood congruent ☐ Mood Incongruent
Thought Processes	☑Goal directed, linear ☐ Tangential ☐ Circumstantial ☐ L.O.A
Thought Perception	☑No Delusions ☐ Delusions ☐ Illusions
Thought Content	☑No Hallucinations ☐ A.H. ☐ V.H.
Suicidal Ideation	☑Denies, currently stable, NO SI ☐ SI ☐ Intent ☐ Means ☐ Plan
Homicidal Ideation	☑Denies any, at present time, None evident ☐ HI ☐ Intent ☐ Means ☐ Plan
Insight	☑Good ☐ Limited ☐ Poor
Judgment	☑Good ☐ Limited ☐ Poor

LAB RESULTS:

ASSESSMENT

Axis I Depressive d/o NOS

Axis II ☑**Deferred**

Axis III

Axis IV Incarceration Yrs Mos ☐ Uncertain about date of parole

Axis V Current GAF = 55

PLAN ☐**Labs Ordered** **RTC:** 1 mo

☑Continue current psych med regimen ☐ Revise current psych med regimen

☐ Patient noted to show improvement and progress on current medications

Rationale for revision / continuing

I/M stable on meds

PATIENT EDUCATION

☐ Medication Informed Consent Obtained

☐ Patient educated about the nature of his mental illness, risks, benefits, and alternatives to treatment options, most common and serious side effects discussed including but not limited to carbohydrate metabolism and potential suicidality.

☐ sleep hygiene ☐ compliance ☐ relapse prevention

☐ Patient refuses psych meds, does not meet criteria for Keyhea, & Med Refusal form is in file.

Print Name: MICHAEL W. MADDOX, M.D. **Signature:** Michael Maddox, MD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH-3 [26 March 2006] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE: ☐ Inpatient ☑ Outpatient	Name: Cunningham, Jane DOB 2/16/58 CDC # V72323 Date 11-6-06

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

Date/Time:	Use Name & Title Stamp.	
11-22-06	ADMINISTRATIVE SEGREGATION CASE MANAGER WEEKLY ASSESSMENT/NOTE	
	Appearance	☑ WNL
	Behavior	☑ WNL
	Mood	☑ WNL
	Sleep	☑ WNL
	Appetite	☑ WNL
	Affect	☑ WNL
	Suicidality	☑ None noted or stated
	Hallucinations	☑ None
	Delusions	☑ None
	Medications	☑ Helpful
	Referral to psychiatrist needed ☐	
	Progress of identified problems/needs/issues (see MH2)	
	COMMENTS: Seen at cell front: Doing fine, no problems to report. Appeared alert and calm. Accepted an individual visit.	
	[signature]	
	L. Allen, Ph.D Staff Psychologist Sierra Conservation Center	

Page # ______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE CCCMS EOP Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC
Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

Nov 2006	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date:	19	20	21	22	23	24	25
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A	am yes no noon yes no pm yes no hs yes no N/A

See MAR

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB Current Placement: ☒ASU ☐OHU

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature			KCLPT	[illegible]	[illegible]	[illegible]	KCLPT

Weekly Summary: Arrived in Ad-SEG late 10/20/06. 4) 11/22/06 @AM wellbutrin states to tired in AM to [illegible]. [illegible]
Otherwise in no acute mental distress. KC 11/25

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V72323 DOB __/__/__

State of California, Department of Corrections — Institution: Prior Page Number:

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES — All Staff, Clinicians, Treatment Teams

Date/Time: Psychiatric Note: Use Name & Title Stamp.

4/26/05 S: c/o poor sleep, lost ID so missed a couple of Prozac's before he found it. Some dysphoria but continues to program. Occasionally hears name called. Denies thoughts of harming himself or others, delusions. Discussed lab — he says he was fasting (glu 110) + ↑'d LFT's. Hx IV Heroin and shared needles ē individuals who had hepatitis.

O: alert/oriented x3 / Good grooming, average eye contact. Linear speech s̄ evidence of hallucinations, delusions, SI, HI. Mood polite, mildly anxious. Memory ē judgment intact for safety.

A: Mood D/O, NOS
Chemical Dependency
↑LFT's / Serum glucose

P: Δ Remeron to 15 B.I.D to see if sleep ↑
Benadryl 100 PM
Continue Prozac
Refer Internal medicine
Follow 3 weeks. A. P. Chowdhury [illegible]

Page # ____

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES
MH-3 (3/01/96)
Confidential Client/Patient Information See W&I Code Section 5328

LEVEL OF CARE
Inpatient

Last Name: First Name: MI:
Cunningham, James
CDC # 1/72322 DOB / /

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

CLINICAL CASE MANAGER PROGRESS NOTE

Date/Time 11/08/2005; ______

Reason for CM contact: ☒ quarterly contact ☐ staff referral ☐ self-referral ☐ RVR ☐ OHU

☐ custody referral ☐ CCM referral ☐ other ______

S Briefing is going well / I/M has been restless sleeping problems - / will refer to psych to discuss meds.

O Appearance: ☒ WNL

Mood: ☒ WNL Affect: ☒ WNL

Thoughts: ☒ WNL Speech: ☒ WNL

Behavior: ☒ WNL Eye contact: ☒ WNL

Sleep: ☐ WNL problems Appetite: ☒ WNL

Hallucinations: ☐ auditory ☐ visual ☐ denies Delusions: ☒ denies

DANGER TO SELF: yes/denied/(no signs) DANGER TO OTHERS: yes/denied/(no signs)

Other:

A GAF: 65 LOC: ☐ GP ☒ CCCMS ☐ EOP Dx: ☒ same as MH2 ☐ change MH2 (refer to IDTT)

Impressions: ☒ stable

P Next scheduled session in ______ days: Continue current Treatment Plan: ☒ yes ☐ no (if no, refer to IDTT)

Consulted with:

Signature: [signature], PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name/First Name/MI: Cunningham James CDC # V-72323 DOB 2/16/58

State of California, Department of Corrections -- Institution: SCC Prior Page Number : ___ ___

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.

CLINICAL CASE MANAGER PROGRESS NOTE

Date/Time 8/12/2005; ________

Reason for CM contact: ☒ quarterly contact ☐ staff referral ☐ self-referral ☐ RVR ☐ OHU

☐ custody referral ☐ CCM referral ☐ other ____________

S Went to Classification - put on list for Computer Training - Doing well Sleeping is good. Appetite good.

O Appearance: ☒ WNL

Mood: ☒ WNL Affect: ☒ WNL

Thoughts: ☒ WNL Speech: ☒ WNL

Behavior: ☒ WNL Eye contact: ☒ WNL

Sleep: ☒ WNL Appetite: ☒ WNL

Hallucinations: ☐auditory ☐visual ☒denies Delusions: ☒ denies

DANGER TO SELF: yes/**denied/no signs** DANGER TO OTHERS: yes/**denied/no signs**

Other:

A GAF: 64 LOC: ☐GP ☒CCCMS ☐EOP Dx: ☒same as MH2 ☐change MH2 (refer to IDTT)

Impressions: ☒stable Was Appeal starting in Superior Court San Diego

P Next scheduled session in _____ days. Continue current Treatment Plan: ☒yes ☐no (if no, refer to IDTT)

Consulted with: ____________

Signature: [signature] PhD

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W.& I.Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name/First Name/MI Cunningham James CDC # V-72323 DOB 2/16/58

DATE	TIME	COMMENTS (USE S.O.A.P.E. FORMAT)
		IDTT:
		Inmate was seen and evaluated by Interdisciplinary Treatment Team.
		Treatment Plan and Mental Health Placement were reviewed and approved
		as indicated on 7388 dated 1/17/07.
		Team Recommends CCCMS Placement.
		S. Rippner, PhD
		S. Hedellen LCSW
3/23/07		Psychiatry notes no show, passed. Barry [illegible] MD

INSTITUTION	CLINICIAN	BED NUMBER
CMC-E	S. Rippner, PhD	7268

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230-MH (Rev. 06/06)

Confidential Client/Patient Information

CDCR NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Last Name: CUNNINGHAM

First Name: JAMES

CDCR #: V72323

DOB: 2/16/1958

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
1/24/07	I/M ABSENT	UCC INITIAL CLASSIFICATION: I/M received from SCC for
		☐ P.C. 2684 Evaluation and Return ☑ Mental health Treatment/Evaluation ☐ Out To Court
		☐ Medical Treatment and Return ☐ GP Housing ☐ Developmental Disabilities Program
		Endorsed ☐ PE ☐ EOP ☑ CCCMS ☐ Medical Necessity ☐ DD ☐ GP
		Release date 12/3/2014 Custody: ~~MAX~~ MED A CustodyLevel III 30 PTS
		Work Group Status D1 / D A1A EFF 12/17/05 T.A.B.E. 6.2
		Assignment Wait Lists ☑ Support ☑ Academic ☐ Vocation ☐ Project Change ABE 2 [illegible]
		☑ PIA ☐ Developmental Disabilities Education Program ☐ None
		Controlling Offense [illegible] ASSAULT [illegible] - 12 YRS
		Criminal History
		Disciplinary History
		Gang Affiliations UPTOWN BLOOD
		Medical Issues ASTHMA
		Sex Offenses
		PIA Preclusions
		Visiting Restrictions -0-
		Comments
		DC WOEHL, CCSW

INSTITUTION	CLINICIAN	BED NUMBER
CMC-E		6264X

INTERDISCIPLINARY PROGRESS NOTES

CDCR 7230-MH (Rev. 06/06)

Confidential Client/Patient Information

CDCR NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

Last Name	First Name
CUNNINGHAM	**JAMES**
CDCR #	DOB
V72323	**2/16/1958**

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION

DATE	TIME	COMMENTS (USE S. O. A. P. E. FORMAT)
1/23/07		continued:
		A: continue bupropion 300 mg (depression),
		quetiapine 600 mg (QHS) (mood stabilization),
		Diphenhydramine 50 mg (initial insomnia/[illegible]).
		D/c hydroxyzine (redundant) - check baseline
		labs - SMA18, TSH, CBC. return in 4 to 6 weeks.
		[signature] B. Sugerman, M.D.

INSTITUTION	CLINICIAN	BED NUMBER	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH
			Cunningham, James V72323

INTERDISCIPLINARY PROGRESS NOTES
CDCR 7230 MH (Rev. 06/06)
Confidential Client/Patient Information

COMMENTS (USE S. O. A. P. E. FORMAT)

follow-up: Age: 49 PD: 2014
chart from Jamestown. Why in MHAS?
sleep: onset 2004, in jail; Had poor ST,
dispaired, hopeless, poor energy, anhedonic,
[illegible], [illegible]; persisted weeks. Prior
similar in length, symptoms, then drank - had
withdrawal symptoms with VH. When drinking, violent,
[illegible]. ~~1st 2003~~. convicted of ADW 2004.
[illegible] an order. Also, had fight with peer, then
[illegible], [illegible]: "He's BLOOD. I could go back the
[illegible]." Has friends on the yard knew from San
[illegible] HI, no psychiatric contact. Family Psych Hx -
depression, treated. At times has flashbacks, hyper-
[illegible] violence. "I'm tired of [illegible] for the [illegible]."
meth, cannabis (insufflated). Damaged left knee
[illegible]: well developed, neatly groomed
[illegible]: [illegible] helps sleep, no AH, [illegible]
[illegible] Benadryl helps breath, sleep.
exercise - calisthenics, walks laps. Weight: 273
[illegible]. relevant medications.
, recurrent MDD with PTSD elements
Asthma (continued)

BED NUMBER | CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH

State of California, Department of Corrections Institution: SCC Prior Page Number: ______

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES

All Staff, Clinicians, Treatment Teams

Date/Time	Use Name & Title Stamp
1/17/07	CCCMS-N/A (S) "I'm a little depressed + I have a lot of paranoia. I was jumped at another prison by a couple of guys + I think it's going to happen again. Also I'm not sleeping. I just can't go to sleep. I think about suicide once in a while but I never tried to kill myself. I'm not thinking about suicide now. I came here from SCC because of problems I was having with other I/Ms there. My crime was ADW + my EPRD is 2014. I've got good relationship with my mother + my kids. I think that I have improved my life + I'm taking more responsibility for my behavior." (O) appeared stable, focused, coherent, + pleasant (A) Depressive D/O, NOS + Psychotic D/O NOS. Has some depression + reports that he continues to be very paranoid (P) continue CCCMS. He attends one group for self esteem. It is recommended that he also be in a 12 step oriented group for his ETOH problem.
	[illegible] LCSW

Page #______

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: [illegible] MI: CDC# V72323 DOB 21658

VOS 20399

CMC

State of California, Department of Corrections -- Institution: SCC   Prior Page Number : __ __

CHRONOLOGICAL INTERDISCIPLINARY PROGRESS NOTES: All Staff, Clinicians, Treatment Teams.
SCC
Weekly Summary of Psych Tech Clinical Rounds ASU/OHU

Jan	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date: 2007	7	8	9	10	11	12	13
Suicidal Ideation	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious	None Noted Mild Serious
Mood	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic	Euthymic
	Angry	Angry	Angry	Angry	Angry	Angry	Angry
	Elated	Elated	Elated	Elated	Elated	Elated	Elated
	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious	Anxious
	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed	Depressed
	Sad	Sad	Sad	Sad	Sad	Sad	Sad
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Affect	Broad	Broad	Broad	Broad	Broad	Broad	Broad
	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted	Restricted
	Flat	Flat	Flat	Flat	Flat	Flat	Flat
	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent	Incongruent
	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted	Blunted
	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile	Hostile
	WNL	WNL	WNL	WNL	WNL	WNL	WNL
Orientation	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4	X1 X2 X3 X4
Cooperation	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi	yes no semi
Sleep	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Appetite	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Hygiene	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor	good fair poor
Med Compliant?	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A	am yes no noon yes no pm yes no hs yes no N/A yes no N/A

SEE MAR

Current MHSDS Status: ☒CCCMS ☐EOP ☐MHCB   Current Placement: ☐ASU ☒OHU

Referral	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA	MD CM MTA
Signature	[signature]						

Weekly Summary: Transferred to another facility 1-8-07 428

MENTAL HEALTH INTERDISCIPLINARY PROGRESS NOTES MH 3 [3/21/96] Confidential Client/Patient Information See W & I Code, Section 5328	LEVEL OF CARE Inpatient Outpatient	Last Name: Cunningham First Name: MI: CDC # V-72323 DOB __/__/__